



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TFW  
1647

Patent Application of:  
Yu et al.

Docket No.: PF343P3C5

Application No.: 09/589,288

Confirmation No.: 1519

Filed: June 8, 2000

Art Unit: 1647

For: Methods of Inhibiting B Lymphocytes Using  
Antibodies to Neutrokin-alpha (As Amended)

Examiner: B. E. Bunner

**STATEMENT OF THE SUBSTANCE OF THE INTERVIEW AND AMENDMENT**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicants request that the following amendments and remarks be entered prior to further examination of the above-identified application. Applicants submit concurrently herewith:

- (a) Information Disclosure Statement with Form PTO/SB/08 and copies of references J22-J29, J71-J72 and J81-J99;
- (b) Copies of the PTO/SB/08 forms citing references C1-C10, D1-D2, E1-E3, F1-F3, G1-G4, H1, I1-I5 that were submitted to the Patent and Trademark Office on December 2, 2003, December 2, 2004, June 10, 2005, July 29, 2005, August 26, 2005, September 23, 2005 and January 20, 2006; and
- (c) Fee Transmittal Sheet.

Amendments to the Specification begin on page 2.

Amendments to the Claims begin on page 3.

Remarks begin on page 6.



<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
		Application Number	09/589,288-Conf. #1519
		Filing Date	June 8, 2000
		First Named Inventor	Guo-Liang Yu
		Examiner Name	B. E. Bunner
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1647	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 360.00	Attorney Docket No.	PF343P3C5

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
						<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>
<b>Fee Description</b>							
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
89	- 167	x	=		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
HP = highest number of total claims paid for, if greater than 20.					360.00	360.00	
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
11	- 16	x	=		360.00	360.00	
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
	- 100 =	/50	(round up to a whole number) x	=			
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)						<b>Fees Paid (\$)</b>	
Other (e.g., late filing surcharge):							

<b>SUBMITTED BY</b>			
Signature	Michele Shannon	Registration No. (Attorney/Agent)	47,075
Name (Print/Type)	Michele Shannon	Telephone	(301) 354-3930
		Date	March 17, 2006